

## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	10/585,216
Filing Date::	06/30/06
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	THIOPHENE DERIVATIVES FOR UP- REGULATING HLA-DM ACTIVITY
Attorney Docket Number::	D0504.70009US00
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Li-An
Family Name::	Yeh
City of Residence::	Cary
State or Province of Residence::	NC
Country of Residence::	US
Street of mailing address::	315 Council Gap Court

City of mailing address:: Cary  
State or Province of mailing address:: NC  
Postal or Zip Code of mailing address:: 27513

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gregory  
Middle Name:: D.  
Family Name:: Cuny  
City of Residence:: Somerville  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 373 Highland Ave., Apt 323  
City of mailing address:: Somerville  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02144

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: New Zealand  
Status:: Full Capacity  
Given Name:: Melissa  
Family Name:: Call  
City of Residence:: Boston  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 6 Blackwood Street, #B2  
City of mailing address:: Boston  
State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 02115

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Kai  
Family Name:: Wucherpfennig  
City of Residence:: Brookline  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 67 Highland Road  
City of mailing address:: Brookline  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02445

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Ross  
Middle Name:: L.  
Family Name:: Stein  
City of Residence:: Cambridge  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 14 Hawes Road  
City of mailing address:: Sudbury  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01776

### Correspondence Information

Correspondence Customer Number:: 23628

### **Representative Information**

Representative Customer Number:: 23628

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
<u>This Application</u>	<u>National Stage of</u>	<u>PCT/US2004/043950</u>	<u>12/29/04</u>

### **Foreign Priority Information**

### **Assignee Information**

## Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this correspondence is being transmitted via the Office electronic filing system in accordance with 37 CFR 1.6(a)(4):

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on March 13, 2008  
Date



Signature

Irene Gommerstadt

Typed or printed name of person signing Certificate

Registration Number, if applicable

617.646.8275  
Telephone Number

Note: Each paper must have its own certificate of mailing.

Supplemental Application Data Sheet (4 pages)